



415 - PROVIDER NETWORK DEVELOPMENT AND MANAGEMENT PLAN; PERIODIC NETWORK REPORTING REQUIREMENTS

EFFECTIVE DATE: 06/01/10, 10/01/11, 12/01/11, 11/01/12, 10/01/13, 03/01/14, 09/01/14

REVISION DATE: 09/28/09, 01/28/10, 05/10/10, 08/26/10, 01/24/11, 12/01/11, 10/24/12, 10/25/12, 04/04/13, 07/18/13, 07/29/13, 02/20/14, 08/27/14

STAFF RESPONSIBLE FOR POLICY: DHCM OPERATIONS

I. PURPOSE

This Policy applies to Acute Care, ADHS/DBHS, ALTCS/EPD, CRS, DES/CMDP (CMDP), and DES/DDD (DDD) Contractors. Provider networks must be a foundation that supports an individual's needs as well as the membership in general. This Policy establishes guidelines for the submission of the Network Development and Management Plan to AHCCCS.

II. DEFINITIONS

AGENCY WITH CHOICE (AWC)	An option offered to ALTCS members who reside in their own home. Under the Agency with Choice option, the provider agency and the member/individual representative enter into a partnership agreement. The provider agency serves as the legal employer of the Direct Care Worker (DCW) and the member/individual representative serves as the day-to-day managing employer of the DCW.
CLOSED PANEL	Indicates when a provider is no longer accepting new patients.
DIMINISHED SCOPE OF SERVICE	Indicates when a provider has decreased its capacity or eliminated a service previously provided.
GEOGRAPHIC SERVICE AREA (GSA)	A specific county or defined grouping of counties designated by AHCCCS within which a Contractor provides, directly or through subcontract, covered health care to members enrolled with that Contractor.

**INTEGRATED REGIONAL
BEHAVIORAL HEALTH
AUTHORITY (INTEGRATED
RBHA)**

Organization or entity contracted with ADHS to provide, manage and coordinate all medically necessary behavioral healthcare services either directly or through subcontracts with providers for Title XIX eligible adults. In addition, the organization provides, manages and coordinates all medically necessary physical health services for individuals with Serious Mental Illness.

PROVIDER

Any person or entity (including Tribal/Regional Behavioral Health Authorities) who contracts with AHCCCS or a Contractor for the provision of covered services to members according to the provisions A.R.S. §36-2901 or any subcontractor of a provider delivering services pursuant to A.R.S. §36-2901.

**REGIONAL BEHAVIORAL
HEALTH AUTHORITY (RBHA)**

An organization under contract with the ADHS to administer covered behavioral health services in a geographically specific area of the state. Refer to A.R.S. §36-3401, §36-3407 and A.A.C. Title 9, Chapter 22, Article 12.

**TRIBAL/REGIONAL
BEHAVIORAL HEALTH
AUTHORITY (T/RBHA)**

An organization under contract with ADHS that administers covered behavioral health services in a geographically specific area of the state. Tribal governments, through an agreement with ADHS, may operate a Tribal Regional Behavioral Health Authority for the provision of behavioral health services to American Indian members.

III. POLICY

The Contractor shall develop and maintain a provider Network Development and Management Plan, which assures the Administration that the provision of covered services will occur as stated in the contract [42 CFR 438.207(b)]. The Network Development and Management Plan must be evaluated, updated and submitted along with Attachments A, Network Attestation Statement, B, Network Development and Management Plan Checklist and applicable requirements delineated in ACOM Policy 417 to the designated Operations and Compliance Officer, within 45 days from the start of each contract year. Attachment C, ALTCS/EPD Contractor Supplement must also be provided by ALTCS/EPD Contractors.

The Contractor shall immediately notify AHCCCS in writing when there has been a significant change in operations that would affect network capacity and services. The changes include,



but are not limited to, changes in services, covered benefits, geographic service areas, and payments.

IV. PROCEDURE

The Network Development and Management Plan shall outline the Contractor's process to develop, maintain, and monitor an adequate provider network that is supported by written agreements and is sufficient to provide access to all services covered under the contract. For a specific listing of the items to be included in the Network Development and Management Plan, see Attachment B, Network Management and Development Plan Checklist.

V. PROVIDER/NETWORK CHANGES DUE TO RATES REPORT

A. PROVIDER TERMINATIONS DUE TO RATES

The Contractor shall submit to the AHCCCS FTP server and e-mail a notification to their designated Operations and Compliance Officer, the Provider/Network Changes Due to Rates Report, which consists of Attachment D and E of this Policy. Attachment D, the Provider Terminations Due to Rates, is a report of providers who have terminated their contract due to rates 15 days following the end of each quarter using the report template attached to this Policy. Submission of Attachment D is required for each GSA even when the Contractor does not have any terminations to report.

B. PROVIDERS THAT DIMINISH THEIR SCOPE OF SERVICE AND/OR CLOSE THEIR PANEL DUE TO RATES

The Contractor shall submit with the Provider/Network Changes Due to Rates Report, Attachment E, Providers That Diminished Their Scope of Services and/or Closed Their Panel Due to Rates. The report documents providers that have diminished their scope of service and/or closed their panel due to rates 15 days following the end of each quarter using the report template attached to this Policy (Attachment E). Submission of Attachment E is required for each GSA even when the Contractor does not have any providers to report.

VI. DIRECT CARE WORKER TRAINING AND TESTING AND AGENCY WITH CHOICE ROSTER

ALTCS/EPD and DES/DDD Contractors shall submit Attachment F, Direct Care Worker Training and Testing and Agency With Choice to the designated Operations and Compliance Officer on October 15th and April 15th of each year. The roster outlines the plan and the effective date of the plan that provider agencies have in place to train and test direct care workers to meet established competencies. Additionally, the roster outlines those provider agencies that offer the Agency With Choice member-directed option. The roster must be updated and maintained on a regular basis and be available upon request to AHCCCS. Information pertaining to the provider agencies offering the Agency With Choice member-



directed option should be made available to case managers to use in assisting members to identify a provider agency for the provision of services. ALTCS/EPD Contractors and DES/DDD may provide the Agency With Choice data in an alternate format for case managers and/or members.

VII. DDD THERAPEUTIC SERVICES AND HCBS SERVICES WAIT LIST ROSTER

DDD will submit to the designated Operations and Compliance Officer on October 15 and April 15 a DDD Therapeutic Services and HCBS Services Wait List. The report shall include information in the excel format identified in Attachment Ga, DDD Therapeutic Services Wait List Roster and Attachment Gb, HCBS Services Wait List Roster.

VIII. REFERENCES

- A.A.C. Title 9, Chapter 22, Article 12
- A.R.S. § 36-2901
- A.R.S. § 36-3401
- A.R.S. § 36-3407
- 42 CFR 438.207(b)
- Acute Care Contract Section D
- ADHS/DBHS Contract, Section D
- ALTCS/EPD Contract, Section D
- CRS Contract, Section D
- DES/CMDP Contract, Section D
- DES/DDD Contract, Section D
- Attachment A, Network Attestation Statement
- Attachment B, Network Development and Management Plan Checklist
- Attachment C, ALTCS/EPD Contractor Supplement
- Attachment D, Provider Terminations Due to Rates
- Attachment E, Providers that Diminished their Scope of Service and/or Closed their Panel Due to Rates
- Attachment F, Direct Care Worker Training and Testing and Agency with Choice Roster
- Attachment Ga, DDD Therapeutic Services
- Attachment Gb, HCBS Services Wait List Roster
- ACOM Policy 417



ATTACHMENT A, NETWORK ATTESTATION STATEMENT

SEE THE ACOM WEBPAGE FOR ATTACHMENT A OF THIS POLICY



ATTACHMENT B, NETWORK DEVELOPMENT AND MANAGEMENT PLAN CHECKLIST

SEE THE ACOM WEBPAGE FOR ATTACHMENT B OF THIS POLICY



ATTACHMENT C, ALTCS/EPD CONTRACTOR SUPPLEMENT

SEE THE ACOM WEBPAGE FOR ATTACHMENT C OF THIS POLICY



ATTACHMENT D, PROVIDER TERMINATIONS DUE TO RATES

SEE THE ACOM WEBPAGE FOR ATTACHMENT D OF THIS POLICY



**ATTACHMENT E, PROVIDERS THAT DIMINISHED THEIR SCOPE OF SERVICE AND/OR CLOSED
THEIR PANEL DUE TO RATES**

SEE THE ACOM WEBPAGE FOR ATTACHMENT E OF THIS POLICY



**ATTACHMENT F, DIRECT CARE WORKER TRAINING AND TESTING AND AGENCY WITH CHOICE
ROSTER**

SEE THE ACOM WEBPAGE FOR ATTACHMENT F OF THIS POLICY



ATTACHMENT GA, DDD THERAPEUTIC SERVICES WAIT LIST ROSTER

SEE THE ACOM WEBPAGE FOR ATTACHMENT GA OF THIS POLICY



ATTACHMENT GB, HCBS SERVICES WAIT LIST ROSTER

SEE THE ACOM WEBPAGE FOR ATTACHMENT GB OF THIS POLICY